

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037273

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

308

Primary Registration District No.

6049

Registrar's No.

24

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 14 1963

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Femme Osage		c. CITY OR TOWN Augusta	
Length of stay in 1b 7 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Augusta RR. 1		d. STREET ADDRESS (If outside, give location) RR. 1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Marvilee Middle Rose Last Siem		4. DATE OF DEATH Month October Day 8 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-28-1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Grade School	
11a. FATHER'S NAME Marvin W. Siem		11b. MOTHER'S MAIDEN NAME Rosalee E. Buescher	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. Mr. Marvin W. Siem - Augusta, Mo. RR. 1	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) internal injuries		INTERVAL BETWEEN ONSET AND DEATH instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Victim ran out in path of oncoming car	
20c. TIME OF INJURY Hour 3:30 Min. 30 p.m. Month, Day, Year 10/8/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 94
20f. CITY, TOWN, OR LOCATION Femme Osage, St. Charles, Mo.		COUNTY STATE	
21. I attended the deceased from held inquest to Oct. 10, 1963 and last saw her alive on _____		Death occurred at (CST) 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) Dr. R. A. ... Coroner		22b. ADDRESS 12 Cunningham Ct., St. Charles, Mo. 10/10/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-11-1963	23c. NAME OF CEMETERY OR CREMATORY Augusta City Cemetery	23d. LOCATION (City, town, or county) (State) Augusta Mo.
24. FUNERAL DIRECTOR T.E. Pitman Funeral Home - Wentzville, Mo.		25. DATE RECD. BY LOCAL REG. Oct 11 1963	
26. REGISTRAR'S SIGNATURE Matthias P. ...			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300

Rev. 4/59

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OCT 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Arthur J. Pitman

Licensed Embalmer No.

4974

P. O. Address

Wentzville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.